

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039735

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 125

FILED NOV 4 1963

1. PLACE OF DEATH

a. COUNTY

Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Ironton

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

admission)

c. CITY
OR
TOWN

St Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Ironton Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

4028 Hartford

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROBERT

E

KILLIAN

4. DATE
OF
DEATH

Month

Day

Year

October

25

1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4-4-1981

9. AGE (last birthday)
81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Church Maintaine

11. BIRTHPLACE (City and state or country)
Missouri

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Monroe Killian

13b. MOTHER'S MAIDEN NAME

?

Revelle

14. NAME OF HUSBAND OR WIFE

Cora Belle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

17. INFORMANT

Erma Wallace

Address
4028 Hartford
St Louis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH
2 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic pyelitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-11-61 to 10-25-63 and last saw him alive on 10-25-63
Death occurred at 5:55 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

10-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

10-25- 63

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

23d. LOCATION (City, town, or county)

Leadington Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mc Laughlin Funeral Home

St Louis

Mo

25. DATE RECD. BY LOCAL REG.

10-25-63

26. REGISTRAR'S SIGNATURE

Tha Avis Jones

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

A. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.